

## ACKNOWLEDGEMENT OF NOTIFICATION OF

## HAZARDOUS WASTE ACTIVITY

01/05/2001

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

NJR000033209

INSTALLATION NAME

**COBA INC - FORMER VITECH SITE** 

INSTALLATION ADDRESS

79 NEWTON AVE **CAMDEN, NJ 08103** 

MAILING ADDRESS

1701 RTE 70 E CHERRY HILL, NJ 08034

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2 RCRA Programs Branch** 290 Broadway, 22nd Floor New York, NY 10007-1866

ATTN: JACK HOYT

Tel: (212) 637-4106 Fax: (212) 637-4949

TO: COBA INC - FORMER VITECH SITE

or Current Occupant

ATTN: JACK KELLY - VICE PRES

1701 RTE 70 E

CHERRY HILL, NJ 08034

address Veryfied US Post office (8)

Form Approved, OMB No. 2050-0028 Expires XXXX

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

GSA No	2. 0246-EPA-Q
	RO 11
I. Installation's EPA ID Number (Mark 'X' In the appropriate box)	Mo
A. Initial Notification   S. Subsequent Notification   C. Installation's EPA ID Number   S. Subsequent Notification   NJ-R00003320	9
II. Name of Installation (linclude company and specific site name)	
COBA INC FORMER VITECHSI	+ P
III. Location of Installation (Physical address not P.O. Box or Route Number)	100
Street	
79 Newton Avenue	
Street (Continued)	ــــــــــــــــــــــــــــــــــــــ
City or Town State Zip Code	<u> </u>
Camden NTO8103-	III
County Code County Name	4
Camden Countu	TT
W. Installation Mailing Address (See instructions)	
Street or P.O. Box	
1701 Route 70 East	
City or Town State Zip Code	
Cherry Hill NJ 080 34 -	T
V. Installation Contact Person to be contacted regarding waste activities at site)	
Name (Last) (First)	
Kelly	
Job Title Phone Number (Area Code and Number)	
VICE-President 856-751-9000	
VI. Installation Contact Address (See instructions)	
A. Contact Address Location Mailing B. Street or P.C. Box	
X 1701 Rt. 70 Fast	
City or Town State Zip Code	
Cherry Hill MIDENSA-	
/ii. Ownership (See Instructions)	
A. Name of installation's Legal Owner	
COBC $TOO$	
Street, P.O. Box, or Route Number	
1701 8+ 70 5154	
City or Town State   Zip Code	
Cherry Hill MT den 211	-
B. Land Type   C. Owner Type   D. Change of Owner   Date Change	

		ID For Official Use Only
VIII. Type of Regulated Waste Activity (Man	k X' in the appropriate boxes. Refer to instr	ructions)
A Hazardous Wa	ste Activities	C. Used Oil Recycling Activities
1. Generator (See (natructions)  a. Greater than 1000kg/mo (2,200 bis.)  b. 100 to 1006 kg/mo (220-2,200 bis.)  c. Less then 100 kg/mo (220 lbs.)  2. Transporter (Indicate Mode in boxes 1-5 below)  a. For own waste arity  b. For commercial purposes  Mode of Transportation:  1. All  2. Beff.  3. Highway  4. Water  5. Other * specify	□ 3. Freater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.  4. Hazardous Waste-Fue!  a. Generator Marketing to Burner in Other Marketers  o. Boilerand/or industriel Furnace:  □ 1. Smaller Deferral  □ 2. Small Quantity Exemption indicate Type of Combustion Device(s)  □ 1. Utility Boiler  □ 2. Industrial Boiler  □ 3. Industrial Furnace:  □ 5. Underground injection Control	1. Used Oil-Recycling Marketer    a. Marketer Directs Shipment of Used   Oil to Off-Specification Burner    b. Marketer Who First Claims the   Used Oil Meets the Specifications   Used Oil Burner - Indicate Type(s)   of Combustion Device     a. Utility Boiler     b. Industrial Boiler     d. Industrial Furnace   3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)   a. Transporter     b. Transfer Facility     Jised Oil Processon/Re-refiner     Indicate Type(s) of Activity(les)     a. Process     b. Re-refine
B. Universal Wa	ste Activity	
1. Large Quantity Handler of Universal V	/aste	
IX. Description of Regulated Wastes (Use a A. Characteristics of Nonlisted Hazardous		
1. Igottable 2. Corrosiye 3. Reactive 4. (2001) (2002) Charles	racisnant contampants)	te number (a) for the Toxicity of a rectariating
Dolli II	9 10	5 5 5
C. Other Wastes. (State or other wastes requ.	ring a handler to have an I.D. number: See	Instructions
	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
X. Certification		
I certify under penalty of law that this document a system designed to assure that qualified person the person or persons who manage the system submitted is, to the best of my knowledge and submitting teles information, including the possignature.  XI. Comments	onnel properly gather and evaluate the info or those persons directly responsible for helief, true, accurate, and complete. I am or	rmation submitted. Based on my inquiry of gathering the information, the information ware that there are significant penalties for g violations.
Note: Mail completed form to the appropriate EP	A bealand a State Cellar VC of Alas III	